



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8128

<b>SERIAL NUMBER</b> 09/431,008	<b>FILING DATE</b> 02/12/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> <del>3734</del> 3763	<b>ATTORNEY DOCKET NO.</b> 17742-000630
<b>APPLICANTS</b> JEFFREY H. BURBANK, BOXFORD, MA; JAMES M. BRUGGER, NEWBURYPORT, MA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 08/942,990 10/02/1997 PAT 6,007,516 WHICH CLAIMS BENEFIT OF 60/036,124 01/21/1997				
<b>** FOREIGN APPLICATIONS *****</b> none				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/24/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 11
Examiner's Signature <i>J. Frank</i> Initials <i>SS</i>		INDEPENDENT CLAIMS 2		
<b>ADDRESS</b> 20350				
<b>TITLE</b> VAVLE PORT AND METHOD FOR VASCULAR ACCESS				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/431,008	<b>FILING DATE</b> 11/01/1999 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 17742-000630
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**APPLICANTS**  
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none

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 11/24/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**  
20350

**TITLE**  
VAVLE PORT AND METHOD FOR VASCULAR ACCESS

<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit